



AMENDMENT

Application #	09/752,026
Confirmation #	8705
Filing Date	12/29/2000
First Inventor	SULLIVAN
Art Unit	2167
Examiner	Robinson, Greta Lee
Docket #	257/127 (P08622US00/RFH)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

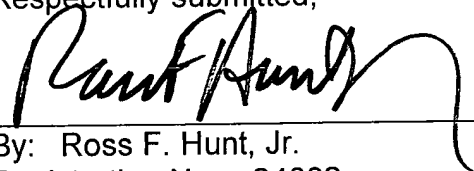
In response to the Office Action dated September 23, 2005, please consider the responsive **Remarks** provided herewith in **Attachment A**, and please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

It is submitted that the present application is now in condition for allowance.

Date: December 9, 2005

Respectfully submitted,



By: Ross F. Hunt, Jr.
Registration No.: 24082

12/12/2005 SZEHDIE1 00000105 500439 09752026

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STITES & HARBISON PLC ♦ 1199 North Fairfax St. ♦ Suite 900 ♦ Alexandria, VA 22314
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TAN 2167#

Customized PTO/SB/21 (12-04)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	09/752,026
	Confirmation #	8705
	Filing Date	12/29/2000
	First Inventor	SULLIVAN
	Art Unit	2167
	Examiner	Robinson, Greta Lee
Total number of pages in this submission =	Docket #	257/127 (P08622US00/RFH)

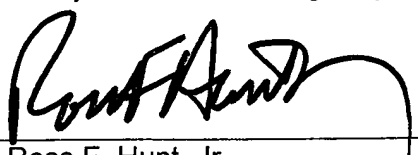
ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> including Attachments A-B <input type="checkbox"/> After Final Amendment <input type="checkbox"/> including Attachments <input type="checkbox"/> Extension of Time Petition <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	24	21	3	X \$ 50 =	150
<input checked="" type="checkbox"/> INDEPENDENT CLAIMS	3	3	0	X \$ 200 =	0
TOTAL OF ABOVE CLAIMS FEES =					150
<input type="checkbox"/> Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					150
<input type="checkbox"/> Fee for extension of time (per attached Petition)					
<input type="checkbox"/> Other fee for					
TOTAL OF ALL FEES =					150.00

☒ The Commissioner is hereby authorized to charge the above-noted fee of \$150.00 to Deposit Account No. 50-0439.

☒ The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 50-0439:
(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
(2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely. The Commissioner is hereby authorized to charge any such fee to Deposit Account No. 50-0439

Date: December 9, 2005


By: Ross F. Hunt, Jr.
Registration No.: 24,082

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